


United States Bankruptcy Court
61288, Houston TX 77208SOUTHERN DISTRICT OF TEXAS P.O.Box
(Houston Division)

PROOF OF CLAIM

Name of Debtor Stage Stores, Inc., a Delaware corporation <input checked="" type="checkbox"/> Specialty Retailers, Inc., a Texas corporation <input type="checkbox"/> Specialty Retailers, Inc. (NV), a Nevada corporation *place an "x" beside the name of the Debtor you are filing a claim against		Case Number 00-35078-H2-11 00-35079-H2-11 00-35080-H2-11	Creditor ID#: 788-53691 United States Bankruptcy Court Southern District of Texas FILED JUL 10 2000 Michael N. Milby, Clerk
Name of Creditor (The person or other entity to whom the debtor owes money or property): Ruth A Shank	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.		
Name and address where notices should be sent: *****AUTO**3-DIGIT 434 Ruth A Shank 2556 Bays Rd Risingsun OH 43457-9717 	<input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.		
Account or other number by which creditor identifies debtor:		Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim, dated: _____	
1. Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input checked="" type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (Fill out below) Your SS#: <u>274 - 50 - 1868</u> <input type="checkbox"/> Unpaid compensation for services performed from _____ to _____ (date) (date)	
2. Date debt was incurred: <u>2/11/98</u>		3. If court judgment, date obtained:	
4. Total Amount of Claim at Time Case Filed: \$ <u>49.00</u> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other All personal and intangible property of Debtor's Estate Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____		6. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,300)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a-____). *Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		This Space is for Court Use Only	
8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
Date <u>6/30/00</u>	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <u>Ruth A. Shank / Ruth A. Shank</u>		
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.			

811



WOOD COUNTY
HOSPITAL

Personal care. Professional excellence.

950 West Wooster Street • Bowling Green, Ohio 43402

STATEMENT OF ACCOUNT

ADDRESS SERVICE REQUESTED

419-354-8920

ADDRESSEE:



RUTH SHANK
2556 BAYS RD
RISINGSUN, OH 43457-

PAGE

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GUARANTOR NAME		GUAR. NUMBER	STATEMENT DATE	DUE DATE	
RUTH SHANK		000009867	04/15/00	05/06/00	
ACCOUNT NUMBER	PATIENT NAME	ADMIT DATE	SERVICE	TOTAL CHARGES	TOTAL CREDITS
14241475	RUTH	02/11/98	Phys Ther	455.00	-406.00
				49.00	00

Your Worker's Comp claim is still in process. Please contact your employer to assist us in resolving this claim. The current amount due by you, if any, is shown above. This may change after insurance has processed your account.

TOTAL

\$49.00

\$0.00

MINIMUM AMOUNT DUE

\$0.00

0-Ack-62

TO INSURE PROPER CREDIT, DETACH AND RETURN THIS PORTION IN THE ENCLOSED ENVELOPE.
Check box if address is incorrect or insurance has changed, and indicate change(s) on reverse side.

GUARANTOR NAME: RUTH SHANK
GUARANTOR #: 000009867

ACCOUNT NUMBER	AMOUNT DUE
14241475	00.

IF PAYING BY MASTERCARD, DISCOVER OR VISA, FILL OUT BELOW.	
CHECK CARD USING FOR PAYMENT	
<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER
<input type="checkbox"/> VISA	<input type="checkbox"/> VISA
CARD NUMBER	AMOUNT
SIGNATURE	EXP. DATE

Pay This Amount

\$0.00

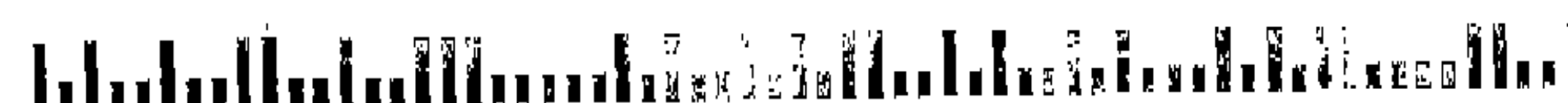
Amount Enclosed

MAKE CHECKS PAYABLE TO:



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